Administrator

12/21/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

03/05 PAGE

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FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (XZ) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A, BUILDING 01 - MAIN BUILDING 01 B. WING 11/30/2010 185452 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 106 PADGETT DRIVE ARBOR PLACE OF CLINTON CLINTON, KY 42031 PROVIDER'S PLAN OF CORRECTION (X5)COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL. CROSS-REFERENCEO TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG K 025 To identify other resident's having K 025 Continued From page 1 to be penetrated by a 1/2 inch electrical conduit the potential to be affected. and a 3/4 inch electrical conduit. The space around the conduit was not filled with a material Thirty residents had the potential to which would resist the passage of smoke. be affected. An interview with the Maintenance Director 11/30/10 at 11:15 AM, revealed he was aware of The following measures or the fire code requirement but had overlooked the systematic changes were lack of sealant around the conduit in the utility added/modified to prevent reroom, occurrence: Reference to: A walk through of the facility was NFPA 101 Life Safety Code 2000 Edition 8-2.4.4 Penetrations and Miscellaneous Openings performed on November 30, 2010 in Smoke Partitions. by the Plant Services Director to 8.2.4.4.1 assess the building for any areas Pipes, conduits, bus ducts, cables, wires, air that needed sealant and not other ducts, pneumatic tubes and ducts, and similar building service equipment that pass through areas were found. smoke partitions shall be protected as follows: (1) The space between the penetrating item and How will the corrective actions be the smoke partition shall meet one of the following conditions: monitored to ensure the deficient a. It shall be filled with a material that is capable practice will not recur? of limiting the transfer of smoke. K 147 NFPA 101 LIFE SAFETY CODE STANDARD K 147 Monthly the Plant Services Director SS≂E Electrical wiring and equipment is in accordance or Plant Services Assistant Director with NFPA 70. National Electrical Code. 9.1.2 will monitor areas of the facility with any ceiling penetrating conduit to ensure sealant is properly covering all openings around the conduit. The Plant Services Director will also This STANDARD is not met as evidenced by: Based on observation and staff interviews report any findings to the QA conducted on 11/30/10, the facility failed to committee on a monthly basis. ensure compliance with NFPA 70, National Electric Code, related to wire chases, junction

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PAGE 04/05

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CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 01 - MAIN BUILDING 01 B. WNG _ 11/30/2010 185452 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 106 PADGETT DRIVE ARBOR PLACE OF CLINTON CLINTON, KY 42031 completion Completion Date PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) 10 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG 12/1/10 K 147 Continued From page 2 K 147 boxes, and protection of electrical wiring, located in the attic. The census on the day of the NFPA 101 LIFE STAFETY CODE Investigation was 92. The condition affected one **STANDARD** smoke compartment, including 30 residents and staff. Findings include: It is the policy of Arbor Place of A Life Safety Code tour conducted on 11/30/10, Clinton to adhere to the electrical revealed a metal box serving as a wire chase and wiring and equipment regulations junction box for electrical wiring, in the attic. The box had two of four covers missing. The covers set forth by the NFPA 70, National. were laying near the box and had not been Electrical Code. replaced. The purpose of the wire chase was to protect the wires from damage. For residents identified within this An Interview with the Maintenance Director on statement of deficiencies, the 11/30/10 at 11:50 AM, revealed he was not aware following actions were taken. the covers had not been replaced on the wire chase (junction box). On November 30, 2010, the two Reference to: covers on the junction box were NFPA 70 National Electic Code replaced. To identify other resident's having the potential to be affected. Thirty residents had the potential to be affected.

PAGE 05/05

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 B. WNG 185452 11/30/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 106 PADGETT DRIVE ARBOR PLACE OF CLINTON CLINTON, KY 42031 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) IO (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 147 K 147 The following measures or systematic changes were added/modified to prevent reoccurrence: On November 30, 2010, the Plant Services Director viewed all areas of the attic where junction boxes are located to assess if any additional covers need to be replaced. All covers were properly placed. How will the corrective actions be monitored to ensure the deficient practice will not recur? The Plant Services Director or Plant Services Assistant Director will monitor monthly areas in the attic where junction boxes are located to ensure that all covers are properly in place. The Plant Services Director will also report any findings to the QA committee on a monthly basis.